# REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188



| 1. AGENCY USE ONLY (Leave blank) | 2. REPORT DATE | 3. REPORT TYPE AND DATES COVERED |
|---|---|---|
| | 31 January 1995 | |

**4. TITLE AND SUBTITLE**

Quick-Look Study of Medical Readiness

**5. FUNDING NUMBERS**

**6. AUTHOR(S)**

Paul T. Bartone & Thomas W. Britt

**7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)**

US Army Medical Research Unit-Europe
Unit 29218
APO AE 09102

**8. PERFORMING ORGANIZATION REPORT NUMBER**

WRAIR/TR-95-0025

**9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)**

US Army Medical Research & Materiel Command
Ft. Detrick, Frederick, MD 21702-5012

**10. SPONSORING/MONITORING AGENCY REPORT NUMBER**

**11. SUPPLEMENTARY NOTES**

**12a. DISTRIBUTION/AVAILABILITY STATEMENT**

Approved for public release; distribution unlimited.

**12b. DISTRIBUTION CODE**

**13. ABSTRACT** *(Maximum 200 words)*

This report presents the results of a study conducted by the U.S. Army Medical Research Unit-Europe at the request of the Office of the Chief Surgeon, USAREUR to determine how much of the productive time of medical care providers is taken up by military training/readiness activities. Using Medical Expense & Performance Reporting System (MEPRS) archival data from a representative three-month period, the study examines how uniformed clinical care providers at four major medical activities (MEDDACs) in USAREUR (Heidelberg, Würzburg, Landstuhl, and Vicenza) are allocating their professional work time. Results presented in a series of pie-charts reveal that overall about 17.3% of total possible available time is not available for patient care activities for some reason. When other factors are taken into account, approximately 9% of time is unavailable as a function of military training activities. Relatively more time is spent on readiness activities in Würzburg and Heidelberg regions compared to Landstuhl and Vicenza. Finally, the study points out some deficiencies in the MEPRS reporting system, and recommends a 12-month follow-up study be conducted to test the trends identified in this preliminary study.

| 14. SUBJECT TERMS | 15. NUMBER OF PAGES |
|---|---|
| readiness, readiness costs, medical, medical care providers, MEPRS, ARMY hospital | 16. PRICE CODE |

| 17. SECURITY CLASSIFICATION OF REPORT | 18. SECURITY CLASSIFICATION OF THIS PAGE | 19. SECURITY CLASSIFICATION OF ABSTRACT | 20. LIMITATION OF ABSTRACT |
|---|---|---|---|
| UNCLAS | UNCLAS | UNCLAS | |

# Quick-Look Study of Medical Readiness

**31 January 1995**







**Prepared by:**
**U.S. Army Medical Research Unit-Europe**
**Unit 29218**
**APO AE 09102**

MCMR-UWX
US Army Medical Research Unit-Europe

31 January 1995

MEMORANDUM FOR COL Sutton, Office of the Chief Surgeon

SUBJECT: Quick-Look Study of Medical Readiness

1. FOR INFORMATION.

2. PURPOSE: To report findings of a "Quick-Look" study comparing clinical "Non-Productive" time of the TO&E personnel and TDA installation personnel in USAREUR, as determined by Medical Expense & Performance Reporting System (MEPRS) data, for a three-month period (MAR-MAY 94).

3. METHODS/PROCEDURES: The US Army Medical Research Unit-Europe undertook to extract data from the MEPRS that would answer the questions raised by the CSURG in 5 JAN 95 memorandum on "Readiness Costs". The primary goal is to identify how much of the productive time of medical care providers is being "lost" to military training activities. Of special interest are medical care providers permanently assigned to external or TO&E units.

a. Reframing MEPRS Request. Following some initial exploration to learn the terminology and structure of the MEPRS system, the original request was stated more precisely as follows:

(1) For period MAR-MAY 1994, military personnel only.

(2) FTEs (man-months, 1 FTE = 168 hours of work) for MEPRS codes on readiness/training. These are specifically: deployment planning, other readiness planning, field exercises, other readiness exercises, local readiness training, other readiness training, deployments, and readiness physical training.

(3) This information was requested separately for physicians, dentists, veterinarians, nurses, anesthetists, physicians assistants, and veterinary warrants, for the Heidelberg, Landstuhl, Würzburg, and Vicenza regions.

(4) The same data were also requested separately for all personnel in the above categories who are also permanently assigned to the 212th MASH.

b. Retrieving Data from MEPRS.

(1) Consulted the MEPRS offices of the Heidelberg MEDDAC (5 JAN 95). Ms. Rogers and Ms. Lopez were helpful in familiarizing us with the MEPRS system. Also met with Mr. Zoeller (10 JAN 95), who also advised us on the MEPRS system.

(2) We met with Ms. Sherry Stone of E-HSSA MEPRS office, Landstuhl (17 JAN 95) to communicate the request listed above. At

that time we provided Ms. Stone a copy of the 212th MASH roster obtained from OCSURG (LTC Stafford). Ms. Stone stated she believed the MEPRS data could be retrieved within two or three days.

(3) Although the MEPRS personnel originally thought this request was reasonable, it soon become apparent that inherent limitations in the MEPRS reporting system would make it difficult (or impossible) to provide some of the information requested. Most important was the inability to provide FTEs separately for personnel assigned to the 212th MASH and Heidelberg MEDDAC. Ms. Stone informed us (27 JAN 95) that because members of the 212th are classified as "Borrowed Military, External" (BMEs), their readiness-related FTEs are not entered into MEPRS; only the manhours they spend in support of the MTF are recorded (see note on last page of TAB A). Thus, the MEPRS system does not contain the primary information requested for external, TO&E units (212th MASH). If it is true that BME manhours in support of MTF (patient care) are recorded into MEPRS, but BME manhours on readiness are not, this means that the percentages reported here of FTEs devoted to readiness activities are artificially low.

C. MEPRS Data Obtained.

(1) On 26 JAN 95 we received a fax from E-HSSA containing MEPRS data summary (TAB A). This summary addressed the period requested (MAR-MAY 94), providing a 3-month roll-up of FTEs spent on patient care and combat readiness for each of the four hospitals, with personnel broken down into five groups: (1)clinicians (dentists, physicians, etc.), (2)direct care professionals (nurse midwives, anesthetists), (3)registered nurses, (4)direct care para-professionals (practical nurses, technicians), and (5)administrative/clerical staff.

(2) FTEs devoted to patient care are listed as "Available FTEs", divided into inpatient, ambulatory, dental, veterinary, anesthesiology, and ancillary services. The sum of FTEs across these categories reflects total (Available) FTEs devoted to patient care. The MEPRS summary also lists "Non-Available FTEs", or time not available for patient care, divided into hospital/sick leave, regular leave, and "other". An additional "readiness" category of Non-Available time is listed separately under the heading "Readiness Exercises". Here, the information is broken down by type of care provider (e.g., Clinician vs. Nurse), but not by type of service (e.g., Inpatient vs Ambulatory). The sum of these readiness FTEs and the other Non-Available FTEs reflects time not devoted to patient care.

(3) FTEs for the combat readiness codes for the Heidelberg, Vicenza, and Würzburg hospitals are broken down as

follows: a) Field Exercises (regularly planned FTXs), b) Readiness Training Locally, (time spent fulfilling basic USAREUR requirements such as weapons qualification, CTT, STD training), c) Other Readiness Exercises (training specific preparation, such as people borrowed from the Heidelberg MEDDAC to help the 212th), d) Unit/Personnel Deployment (an example being when individuals from the 95th deploy with people from the 212th in support of their operation), e) Provide Hope Deployment, f) Provide Promise Deployment, and g) Readiness Physical Training. Landstuhl Hospital has the additional readiness codes of Operation Restore Hope Deployment, Unit Personnel Replacement Planning, and Other Readiness Training. The sum of the FTEs across all of these readiness categories reflects total FTEs spent on military readiness activities.

(4) FTEs listed in any category represent a 3-month "roll-up" for period MAR-MAY 94.

(5) An index reflecting the percentage of time spent on combat readiness activities was calculated by dividing readiness FTEs by the sum of patient care and readiness FTEs.

4. RESULTS.

a. No MEPRS data are available on BMEs (e.g., 212th MASH personnel) for reasons described above.

b. For the period examined, a series of pie-charts show the contrast between clinical time Available (percentage FTEs) and Non-Available. The Non-Available category is further broken down into Readiness, Leave, Sick Leave, and Other (e.g., TDYs). The USAREUR Totals are at TAB B, totals for the four MEDDACs at TAB C, Heidelberg at TAB D, Landstuhl at TAB E, Würzburg at TAB F, and Vicenza at TAB G.

c. Across all of USAREUR and for all categories of care providers, 17.3% of time is Non-Available for some reason (TAB B). Readiness activities account for 45.2% of this Non-Available time. Specialty groups with the highest percentage of Non-Available time are: Clinicians (18.5%), Para-professionals (17.8%), and Admin/Clerical (23.6%). These are also the groups that are spending proportionally more of their Non-Available time in Readiness related activities (Clinicians, 23.5%; Para-professionals 49.1%, and Admin/Clerical 72.5%). The occupational groups who are spending proportionally more of their time in clinical activities are Direct Care Professionals (Total Non-Available, 8.7%) and Registered Nurses (Total Non-Available, 11.2%). Also for these two care provider groups, proportionally less Non-Available time goes to Readiness (18.7% and 13.5%, respectively).

d. In comparing the four major USAREUR regions, Total Non-Available time and time spent on Readiness seems generally comparable. One trend is apparent. Care providers in the Landstuhl and Vicenza areas are spending comparatively less time overall on Readiness (41% and 42%), while those at Würzburg and Heidelberg are spending proportionally more time on Readiness (52% and 47%). The Würzburg providers show the lowest Total Non-Available time (16%), and the highest percentage of that time (52%) devoted to Readiness activities. Würzburg personnel are also taking less Leave (23% of Non-Available) compared to those at other facilities (e.g., 52% of Non-Available at Vicenza).

e. Across the hospitals, the total percentage of time spent on combat readiness is 8.5% (TAB H). This breaks down across job specialties to 5% for clinicians, 1.7% for direct care professionals, 1.7% for registered nurses, 9.6% for direct care para-professionals, and 18.1% for administrative personnel. The higher percentages for the latter two groups can be attributed to the greater proportion of enlisted personnel in these categories.

f. Percent time spent on readiness calculated across personnel categories was similar for the four hospitals (8% for Landstuhl, 9.4% for Vicenza, 9% for Heidelberg, and 9% for Würzburg). It is important to be clear about how these percentages are calculated. By adding together total Available FTEs with Readiness FTEs, you obtain a new Total "Possible" Available FTE figure, which is the number of FTEs that theoretically could be devoted to patient care if all the readiness FTEs were spent on patient care instead (still excluding Non-Available time for Leave, Sick Leave, or Other). Actual Readiness FTEs divided by this new Total Possible Available FTE figure yields the Readiness percentages reported here.

5. Conclusions.

a. The MEPRS system, as currently implemented, is ill-suited to compare members of TO&E units with members of TDA units in terms of "clinical nonproductivity" or time spent on combat readiness activities. The information requested from MEPRS was not available for the group of greatest interest: military care providers not permanently assigned to a USAREUR MEDDAC (i.e., members of External units such as the 212th MASH).

b. Using available data, this "Quick Look" study reveals that overall, about 9% of total possible available time is lost to readiness-related activities. When other factors are taken into account, it appears that relatively more time is lost to readiness activities at Würzburg and Heidelberg compared to Landstuhl and Vicenza.

c. There appear to be several sources of bias in the MEPRS reporting system that can lead to artificially low estimates of how much time is devoted to readiness related activities. TO&E individuals are classified as "borrowed military external" (BMEs) by MEPRS recorders, and their data are handled differently than non-BMEs. Only Available FTEs are preserved for these personnel, leaving time spent on readiness activities unknown. Also, when information is not reported by BMEs on monthly time sheets, the missing information apparently is not pursued in the same manner as for assigned personnel. Finally, as retrospective reports, the first-level of MEPRS reporting is vulnerable to the frailty of human recall. This can lead to distorted reports of how time was spent. For example, it is often easier to recall and report scheduled events (such as patient visits) than unscheduled events (such as an unplanned Commander's Call). Some individuals may also fail to report time spent preparing for certain activities, as well as time spent driving to and from various events.

6. Recommendations:

a. Conduct the proposed retrospective 12-month study, essentially to confirm the trends identified in this "Quick-Look" study. If the Medical Research Unit conducts this next study, a formal tasker for the MEPRS data desired should be made to E-HSSA. Results will be available 1-month after data are received.

b. A detailed examination should be made into all phases of the MEPRS reporting system, in order to identify the various ways in which critical data might go unreported, misreported, or not entered into the MEPRS data base. Once this is adequately understood, sensible recommendations can be made for how to improve the system, making it both more accurate and user-friendly.

c. Alternate strategies (not relying on MEPRS) should be considered for assessing how military health care providers are spending their time, and the possible impact on performance, patient care, physical and mental health, and career plans. For example, well-established behavioral science techniques, such as using electronic pagers to collect behavior activity reports over a fixed period of time, could be fruitfully applied to this problem.

THOMAS W. BRITT, PH.D.
CPT, MS
Deputy Commander

PAUL T. BARTONE, PH.D.
MAJ, MS
Commander

THE FOLLOWING IS A MEPRS DATA SUMMARY PROVIDED BY E-HSSA, LANDSTUHL, 26 JAN 95

MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM
(MEPRS)

FULL TIME EQUIVALENT WORK-MONTH DATA
MARCH - MAY FY94

HEIDELBERG MEDDAC

INPATIENT SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICAN | 22.34 | 0.00 | 0.00 | 0.00 | 0.00 |
| DIR C PROF | 2.59 | 0.00 | 0.19 | 0.00 | 0.19 |
| REG NURSE | 78.94 | 2.29 | 9.55 | 1.26 | 13.10 |
| DC PARA-PROF | 94.67 | 0.79 | 7.70 | 2.15 | 10.64 |
| ADM/CLERICAL | 0.51 | 0.00 | 0.00 | 0.00 | 0.00 |

AMBULATORY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 206.84 | 8.03 | 28.06 | 5.13 | 41.22 |
| DIR C PROF | 165.04 | 1.35 | 2.43 | 0.66 | 4.44 |
| REG NURSE | 117.01 | 0.66 | 3.82 | 0.20 | 4.68 |
| DC PARA-PROF | 450.20 | 5.43 | 7.40 | 5.85 | 18.68 |
| ADM/CLERICAL | 97.06 | 2.91 | 1.30 | 0.05 | 4.26 |

THE FOLLOWING IS A MEPRS DATA SUMMARY PROVIDED BY E-HSSA, LANDSTUHL, 26 JAN 95

MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM
(MEPRS)

FULL TIME EQUIVALENT WORK-MONTH DATA
MARCH - MAY FY94

HEIDELBERG MEDDAC

INPATIENT SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICAN | 22.34 | 0.00 | 0.00 | 0.00 | 0.00 |
| DIR C PROF | 2.59 | 0.00 | 0.19 | 0.00 | 0.19 |
| REG NURSE | 78.94 | 2.29 | 9.55 | 1.26 | 13.10 |
| DC PARA-PROF | 94.67 | 0.79 | 7.70 | 2.15 | 10.64 |
| ADM/CLERICAL | 0.51 | 0.00 | 0.00 | 0.00 | 0.00 |

AMBULATORY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 206.84 | 8.03 | 28.06 | 5.13 | 41.22 |
| DIR C PROF | 165.04 | 1.35 | 2.43 | 0.66 | 4.44 |
| REG NURSE | 117.01 | 0.66 | 3.82 | 0.20 | 4.68 |
| DC PARA-PROF | 450.20 | 5.43 | 7.40 | 5.85 | 18.68 |
| ADM/CLERICAL | 97.06 | 2.91 | 1.30 | 0.05 | 4.26 |

THE FOLLOWING IS A MEPRS DATA SUMMARY PROVIDED BY E-HSSA, LANDSTUHL, 26 JAN 95

MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM
(MEPRS)

FULL TIME EQUIVALENT WORK-MONTH DATA
MARCH - MAY FY94

HEIDELBERG MEDDAC

INPATIENT SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICAN | 22.34 | 0.00 | 0.00 | 0.00 | 0.00 |
| DIR C PROF | 2.59 | 0.00 | 0.19 | 0.00 | 0.19 |
| REG NURSE | 78.94 | 2.29 | 9.55 | 1.26 | 13.10 |
| DC PARA-PROF | 94.67 | 0.79 | 7.70 | 2.15 | 10.64 |
| ADM/CLERICAL | 0.51 | 0.00 | 0.00 | 0.00 | 0.00 |

AMBULATORY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 206.84 | 8.03 | 28.06 | 5.13 | 41.22 |
| DIR C PROF | 165.04 | 1.35 | 2.43 | 0.66 | 4.44 |
| REG NURSE | 117.01 | 0.66 | 3.82 | 0.20 | 4.68 |
| DC PARA-PROF | 450.20 | 5.43 | 7.40 | 5.85 | 18.68 |
| ADM/CLERICAL | 97.06 | 2.91 | 1.30 | 0.05 | 4.26 |

THE FOLLOWING IS A MEPRS DATA SUMMARY PROVIDED BY E-HSSA, LANDSTUHL, 26 JAN 95

MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM
(MEPRS)

FULL TIME EQUIVALENT WORK-MONTH DATA
MARCH - MAY FY94

HEIDELBERG MEDDAC

INPATIENT SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICAN | 22.34 | 0.00 | 0.00 | 0.00 | 0.00 |
| DIR C PROF | 2.59 | 0.00 | 0.19 | 0.00 | 0.19 |
| REG NURSE | 78.94 | 2.29 | 9.55 | 1.26 | 13.10 |
| DC PARA-PROF | 94.67 | 0.79 | 7.70 | 2.15 | 10.64 |
| ADM/CLERICAL | 0.51 | 0.00 | 0.00 | 0.00 | 0.00 |

AMBULATORY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 206.84 | 8.03 | 28.06 | 5.13 | 41.22 |
| DIR C PROF | 165.04 | 1.35 | 2.43 | 0.66 | 4.44 |
| REG NURSE | 117.01 | 0.66 | 3.82 | 0.20 | 4.68 |
| DC PARA-PROF | 450.20 | 5.43 | 7.40 | 5.85 | 18.68 |
| ADM/CLERICAL | 97.06 | 2.91 | 1.30 | 0.05 | 4.26 |

HEIDELBERG MEDDAC (cont.)

DENTAL SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| DENTIST | 158.16 | 2.14 | 20.38 | 9.84 | 32.36 |
| DIR C PROF | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| REG NURSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DC PARA-PROF | 407.19 | 13.06 | 26.11 | 23.98 | 63.15 |
| ADM/CLERICAL | 72.77 | 1.73 | 4.54 | 0.32 | 6.59 |

ANCILLARY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 8.60 | 0.00 | 0.39 | 0.76 | 1.15 |
| DIR C PROF | 39.58 | 0.20 | 4.27 | 4.60 | 9.07 |
| REG NURSE | 53.21 | 0.46 | 4.70 | 1.72 | 6.88 |
| DC PARA-PROF | 345.63 | 4.22 | 27.32 | 10.68 | 42.22 |
| ADM/CLERICAL | 28.67 | 0.74 | 2.23 | 0.84 | 3.81 |

ANESTHESIOLOGY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 5.30 | 0.00 | 0.62 | 0.00 | 0.62 |
| DIR C PROF | 8.55 | 0.00 | 1.77 | 0.19 | 1.96 |
| REG NURSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DC PARA-PROF | 2.57 | 0.00 | 0.47 | 0.05 | 0.52 |
| ADM/CLERICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

HEIDELBERG MEDDAC (cont.)

DENTAL SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| DENTIST | 158.16 | 2.14 | 20.38 | 9.84 | 32.36 |
| DIR C PROF | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| REG NURSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DC PARA-PROF | 407.19 | 13.06 | 26.11 | 23.98 | 63.15 |
| ADM/CLERICAL | 72.77 | 1.73 | 4.54 | 0.32 | 6.59 |

ANCILLARY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 8.60 | 0.00 | 0.39 | 0.76 | 1.15 |
| DIR C PROF | 39.58 | 0.20 | 4.27 | 4.60 | 9.07 |
| REG NURSE | 53.21 | 0.46 | 4.70 | 1.72 | 6.88 |
| DC PARA-PROF | 345.63 | 4.22 | 27.32 | 10.68 | 42.22 |
| ADM/CLERICAL | 28.67 | 0.74 | 2.23 | 0.84 | 3.81 |

ANESTHESIOLOGY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 5.30 | 0.00 | 0.62 | 0.00 | 0.62 |
| DIR C PROF | 8.55 | 0.00 | 1.77 | 0.19 | 1.96 |
| REG NURSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DC PARA-PROF | 2.57 | 0.00 | 0.47 | 0.05 | 0.52 |
| ADM/CLERICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

HEIDELBERG MEDDAC (cont.)

DENTAL SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| DENTIST | 158.16 | 2.14 | 20.38 | 9.84 | 32.36 |
| DIR C PROF | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| REG NURSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DC PARA-PROF | 407.19 | 13.06 | 26.11 | 23.98 | 63.15 |
| ADM/CLERICAL | 72.77 | 1.73 | 4.54 | 0.32 | 6.59 |

ANCILLARY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 8.60 | 0.00 | 0.39 | 0.76 | 1.15 |
| DIR C PROF | 39.58 | 0.20 | 4.27 | 4.60 | 9.07 |
| REG NURSE | 53.21 | 0.46 | 4.70 | 1.72 | 6.88 |
| DC PARA-PROF | 345.63 | 4.22 | 27.32 | 10.68 | 42.22 |
| ADM/CLERICAL | 28.67 | 0.74 | 2.23 | 0.84 | 3.81 |

ANESTHESIOLOGY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 5.30 | 0.00 | 0.62 | 0.00 | 0.62 |
| DIR C PROF | 8.55 | 0.00 | 1.77 | 0.19 | 1.96 |
| REG NURSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DC PARA-PROF | 2.57 | 0.00 | 0.47 | 0.05 | 0.52 |
| ADM/CLERICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

HEIDELBERG MEDDAC (cont.)

DENTAL SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| DENTIST | 158.16 | 2.14 | 20.38 | 9.84 | 32.36 |
| DIR C PROF | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| REG NURSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DC PARA-PROF | 407.19 | 13.06 | 26.11 | 23.98 | 63.15 |
| ADM/CLERICAL | 72.77 | 1.73 | 4.54 | 0.32 | 6.59 |

ANCILLARY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 8.60 | 0.00 | 0.39 | 0.76 | 1.15 |
| DIR C PROF | 39.58 | 0.20 | 4.27 | 4.60 | 9.07 |
| REG NURSE | 53.21 | 0.46 | 4.70 | 1.72 | 6.88 |
| DC PARA-PROF | 345.63 | 4.22 | 27.32 | 10.68 | 42.22 |
| ADM/CLERICAL | 28.67 | 0.74 | 2.23 | 0.84 | 3.81 |

ANESTHESIOLOGY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| CLINICIAN | 5.30 | 0.00 | 0.62 | 0.00 | 0.62 |
| DIR C PROF | 8.55 | 0.00 | 1.77 | 0.19 | 1.96 |
| REG NURSE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| DC PARA-PROF | 2.57 | 0.00 | 0.47 | 0.05 | 0.52 |
| ADM/CLERICAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

HEIDELBERG MEDDAC (cont.)

VETERINARY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| ADM/CLERICAL | 17.57 | 0.00 | 2.56 | 0.00 | 0.76 |

READINESS EXERCISES

| FUNCTIONAL SKILL TYPE | FIELD EXERCISE AVAILABLE FTES | READINESS TRAINING LOCALLY AVAILABLE FTES | OTHER READINESS EXERCISE AVAILABLE | UNIT/ PERSONNEL DEPLOYMENT AVAILABLE | PROVIDE HOPE DEPLOYMENT AVAILABLE | PROVIDE PROMISE DEPLOYMENT AVAILABLE | READINESS PHYSICAL TRAINING AVAILABLE | TOTAL READINESS FTES |
|---|---|---|---|---|---|---|---|---|

HEIDELBERG MEDDAC (cont.)

VETERINARY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| ADM/CLERICAL | 17.57 | 0.00 | 2.56 | 0.00 | 0.76 |

READINESS EXERCISES

| FUNCTIONAL SKILL TYPE | FIELD EXERCISE AVAILABLE FTES | READINESS TRAINING LOCALLY AVAILABLE FTES | OTHER READINESS EXERCISE AVAILABLE | UNIT/ PERSONNEL DEPLOYMENT AVAILABLE | PROVIDE HOPE DEPLOYMENT AVAILABLE | PROVIDE PROMISE DEPLOYMENT AVAILABLE | READINESS PHYSICAL TRAINING AVAILABLE | TOTAL READINESS FTES |
|---|---|---|---|---|---|---|---|---|

HEIDELBERG MEDDAC (cont.)

VETERINARY SERVICES

| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| ADM/CLERICAL | 17.57 | 0.00 | 2.56 | 0.00 | 0.76 |

READINESS EXERCISES

| FUNCTIONAL SKILL TYPE | FIELD EXERCISE TRAINING LOCALLY AVAILABLE FTES | READINESS AVAILABLE FTES | OTHER READINESS EXERCISE AVAILABLE | UNIT/ PERSONNEL DEPLOYMENT AVAILABLE | PROVIDE HOPE DEPLOYMENT AVAILABLE | PROVIDE PROMISE DEPLOYMENT AVAILABLE | READINESS PHYSICAL TRAINING AVAILABLE | TOTAL READINESS FTES |
|---|---|---|---|---|---|---|---|---|

HEIDELBERG MEDDAC (cont.)

VETERINARY SERVICES

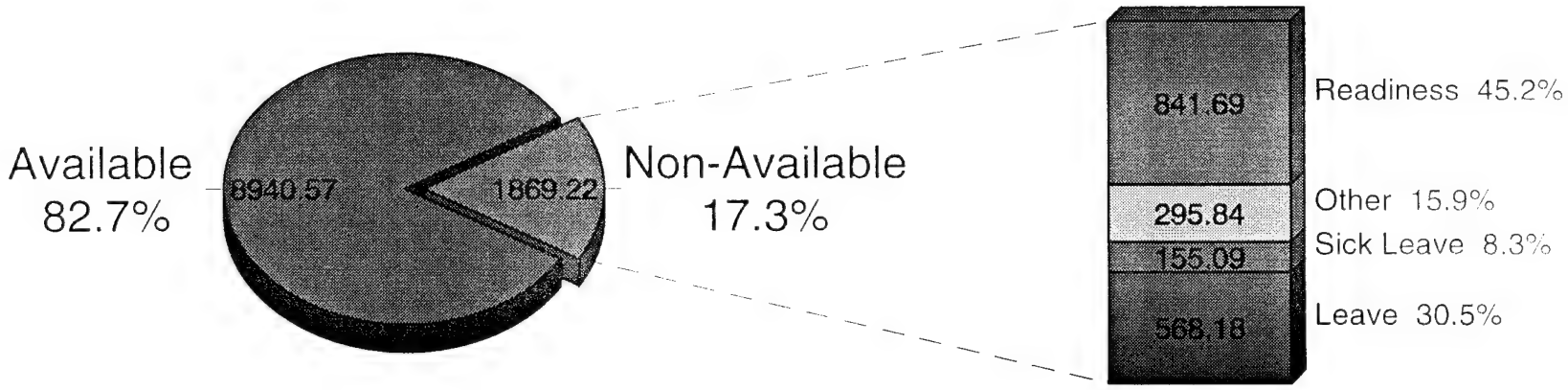
| FUNCTIONAL SKILL TYPE | AVAILABLE FTES | NON-AVAILABLE FTES HSP/SL | LV | OTHER | TOTAL NON-AVAILABLE FTES |
|---|---|---|---|---|---|
| ADM/CLERICAL | 17.57 | 0.00 | 2.56 | 0.00 | 0.76 |

READINESS EXERCISES

| FUNCTIONAL SKILL TYPE | FIELD EXERCISE AVAILABLE FTES | READINESS TRAINING LOCALLY AVAILABLE FTES | OTHER READINESS EXERCISE AVAILABLE | UNIT/ PERSONNEL DEPLOYMENT AVAILABLE | PROVIDE HOPE DEPLOYMENT AVAILABLE | PROVIDE PROMISE DEPLOYMENT AVAILABLE | READINESS PHYSICAL TRAINING AVAILABLE | TOTAL READINESS FTES |
|---|---|---|---|---|---|---|---|---|

# Total, All Providers: TOTAL USAREUR

## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

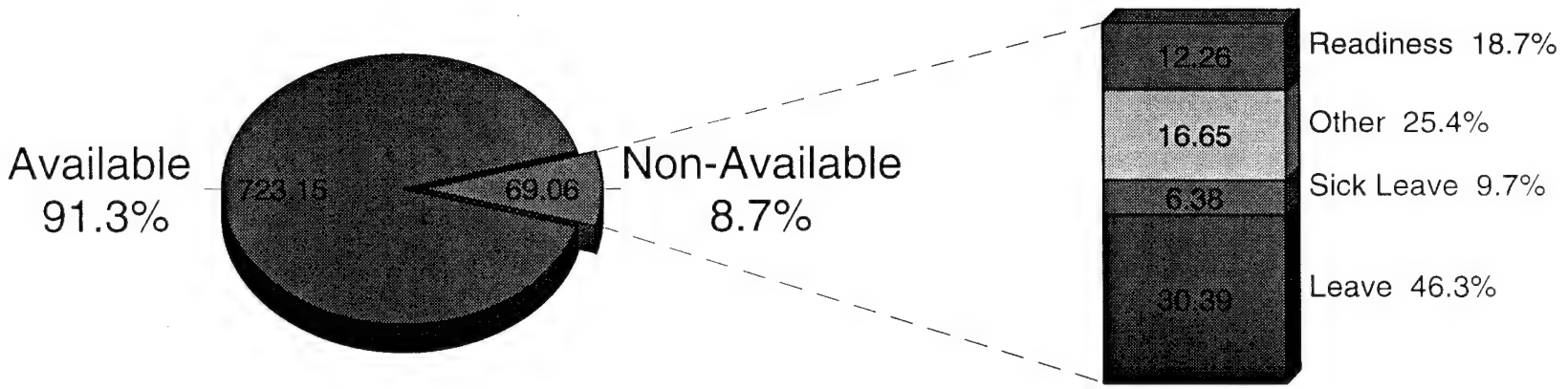
# Clinicians: TOTAL USAREUR

## Available vs Non-Available Time in FTEs: March - May 1994


MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Direct Care Prof's: TOTAL USAREUR

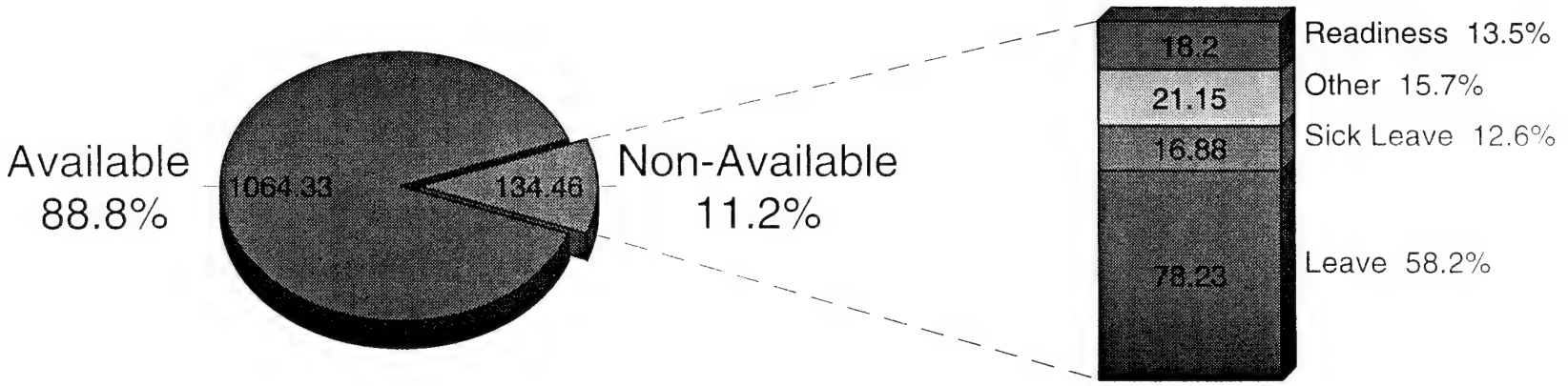
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Registered Nurses: TOTAL USAREUR

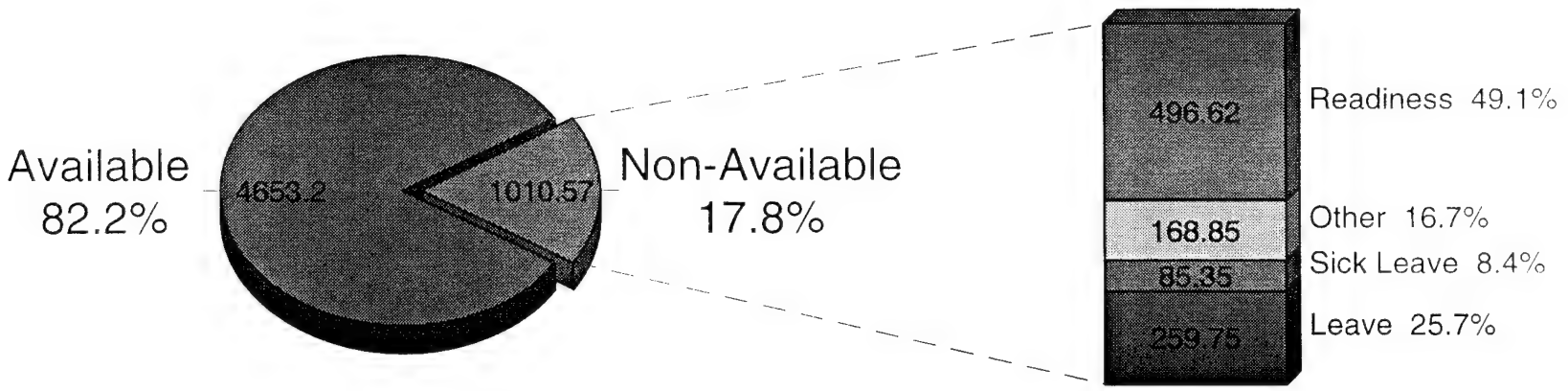
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Para-Prof's, Direct Care: TOTAL USAREUR

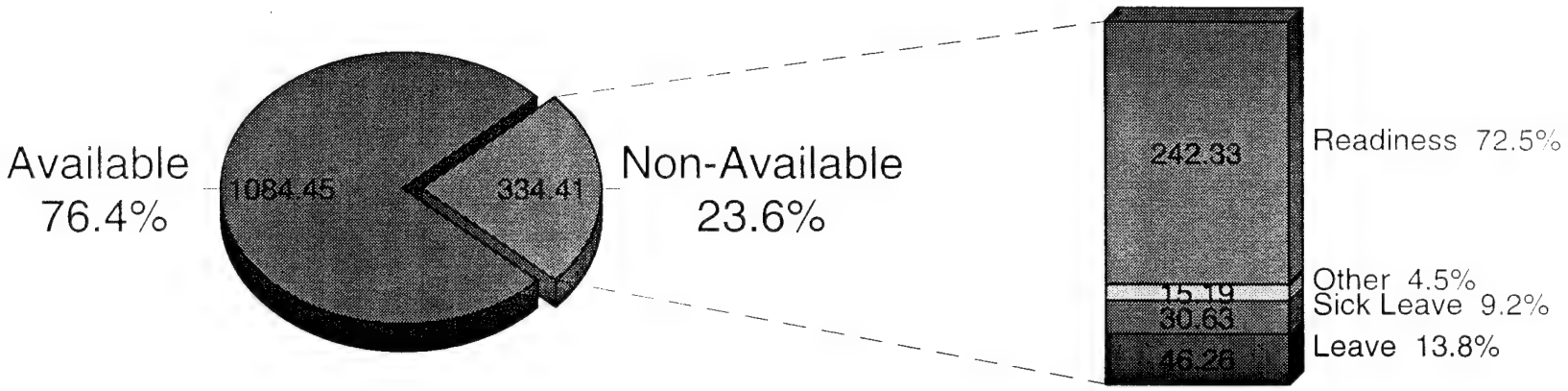
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Admin/Clerical: TOTAL USAREUR

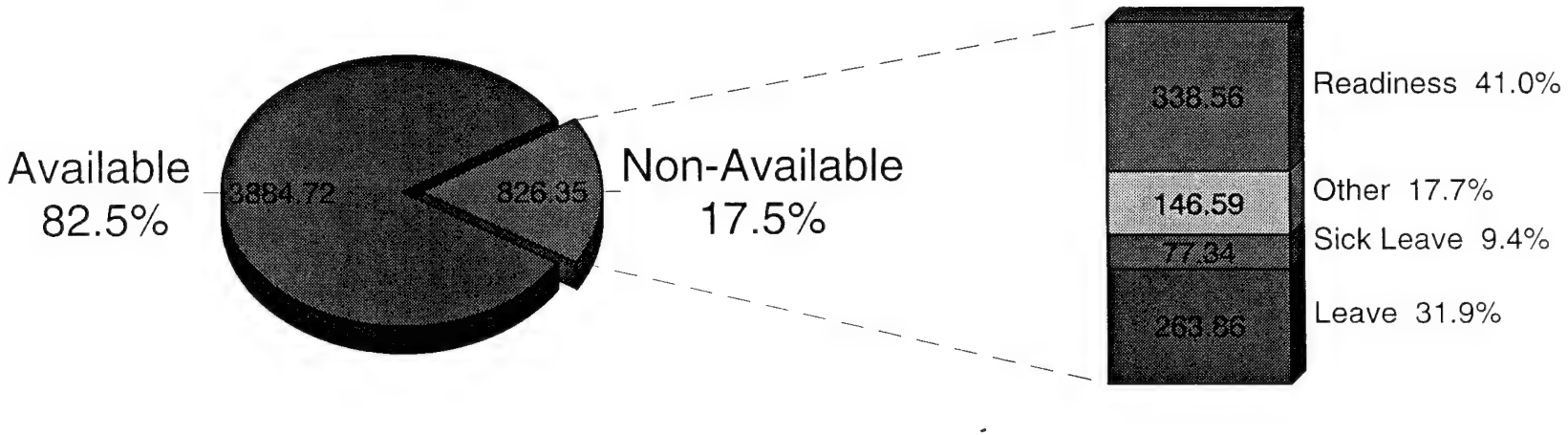
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Total, All Providers: Landstuhl

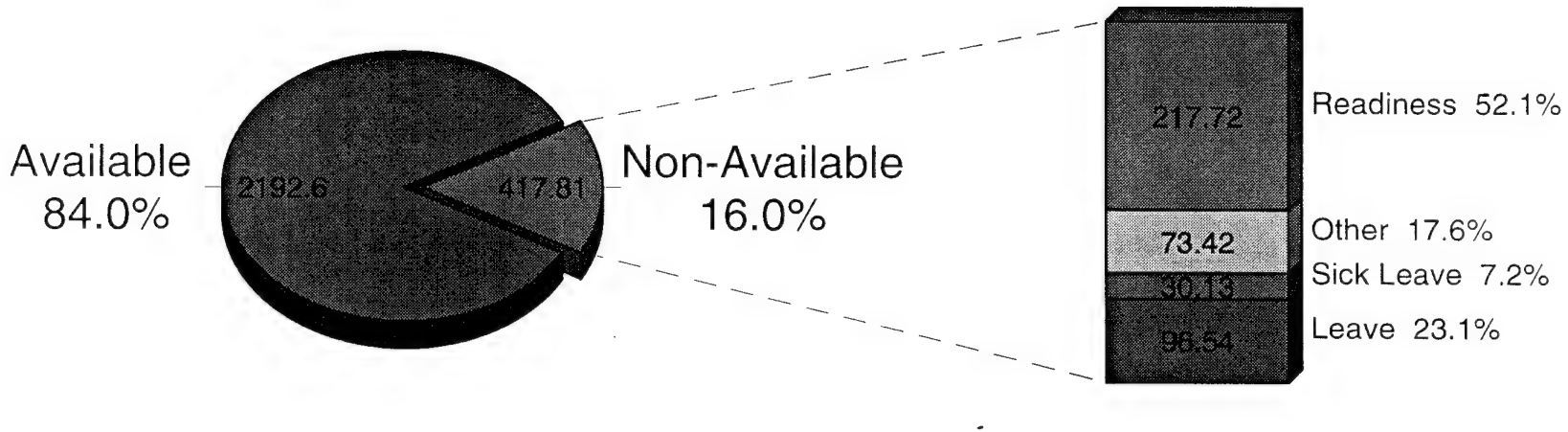
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Total, All Providers: Würzburg

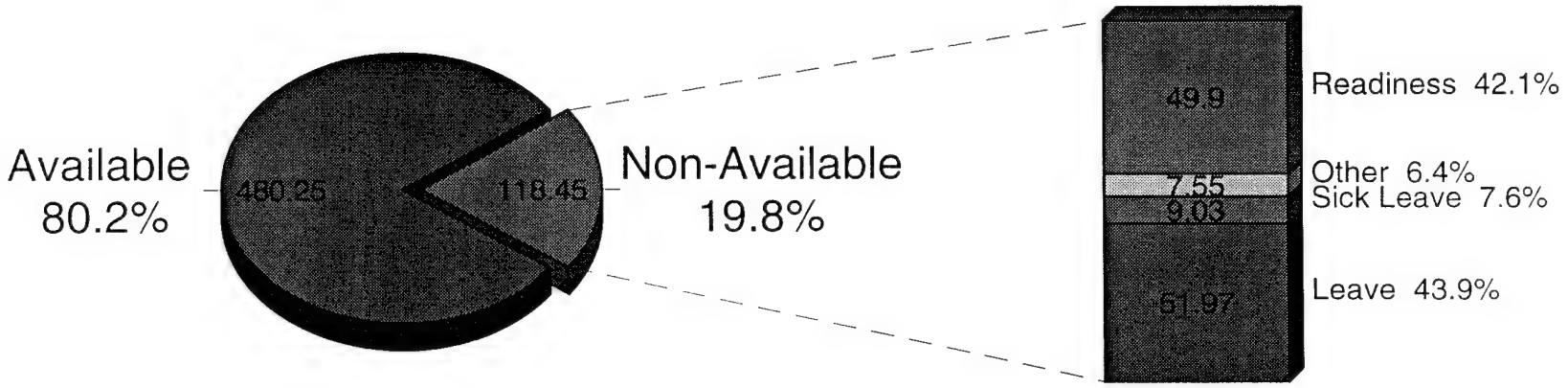
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Total, All Providers: Vicenza

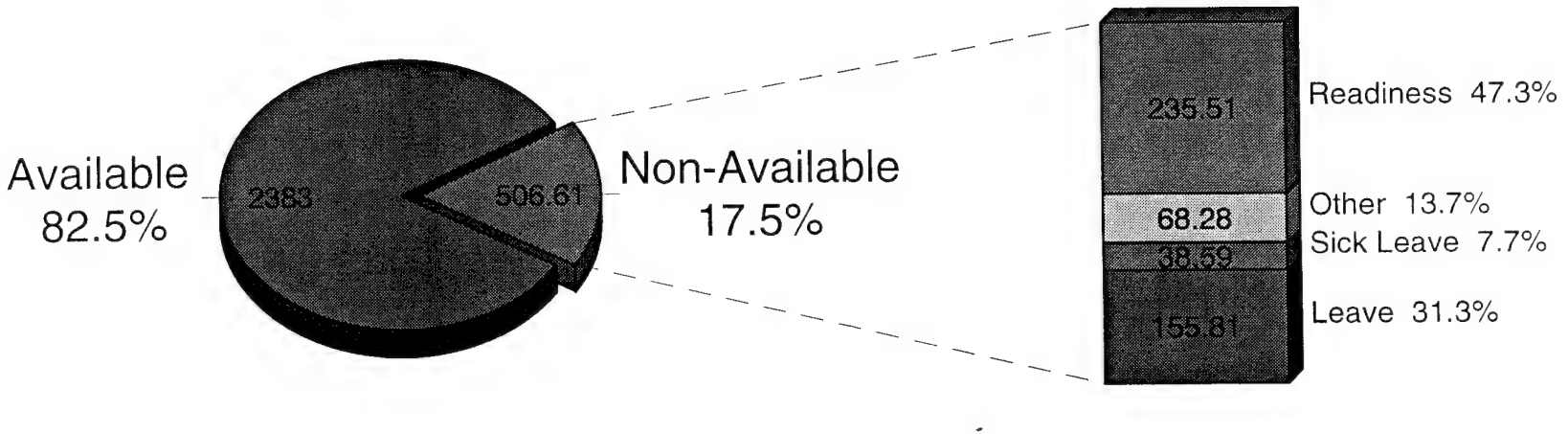
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Total, All Providers: Heidelberg

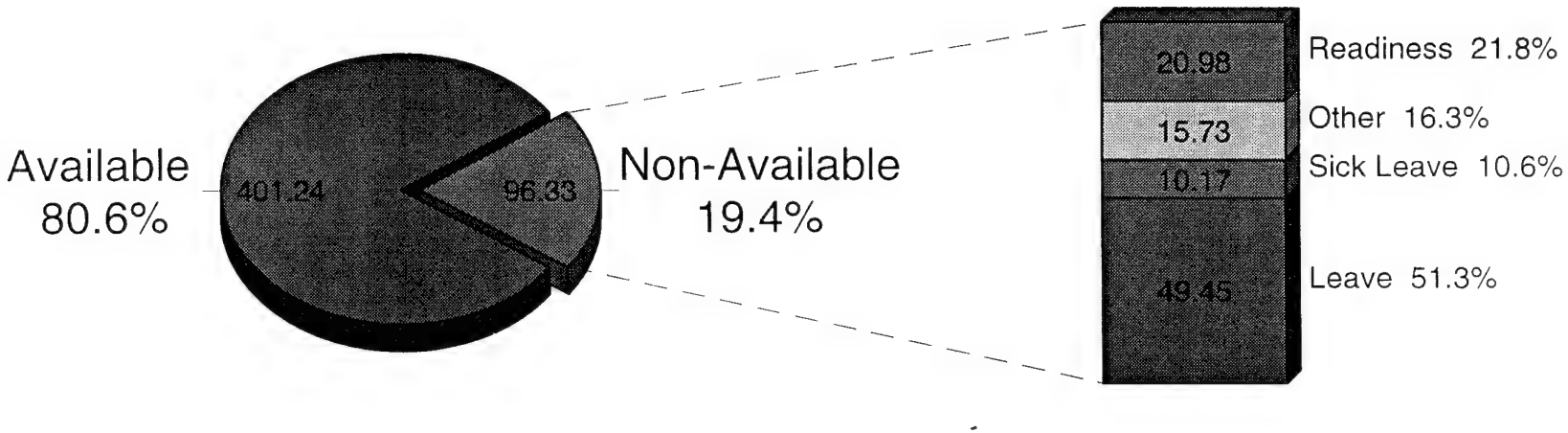
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Clinicians: Heidelberg

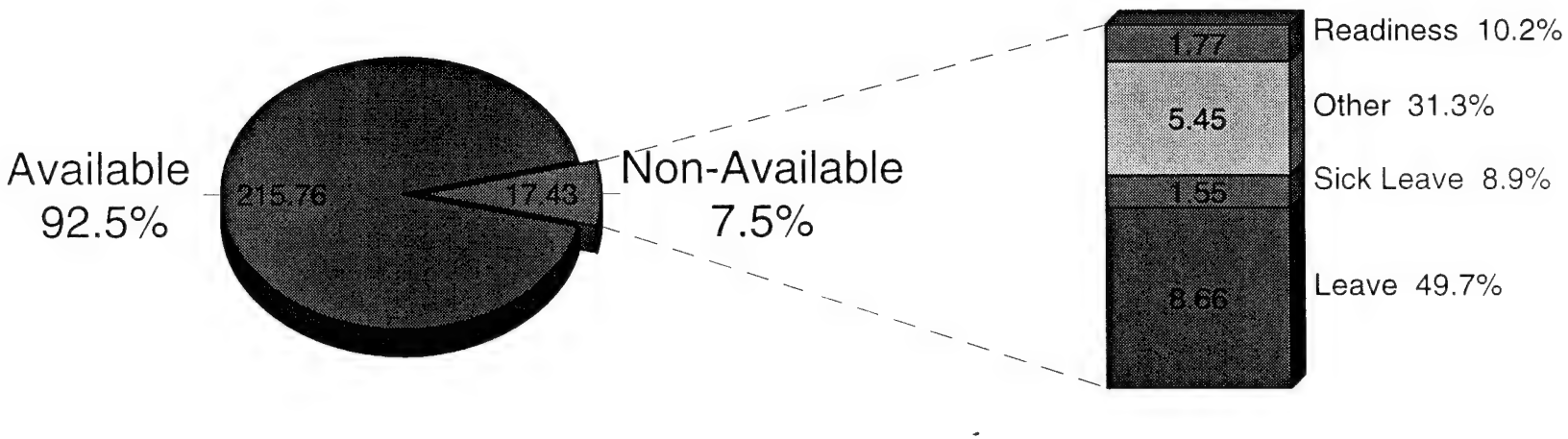
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Direct Care Professionals: Heidelberg

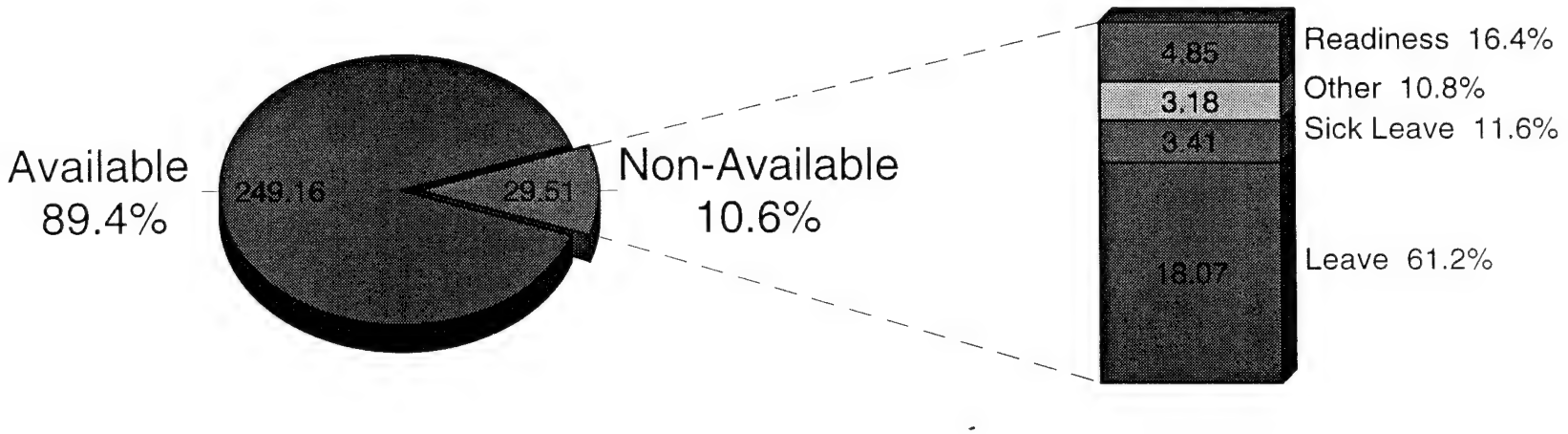
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Registered Nurses: Heidelberg

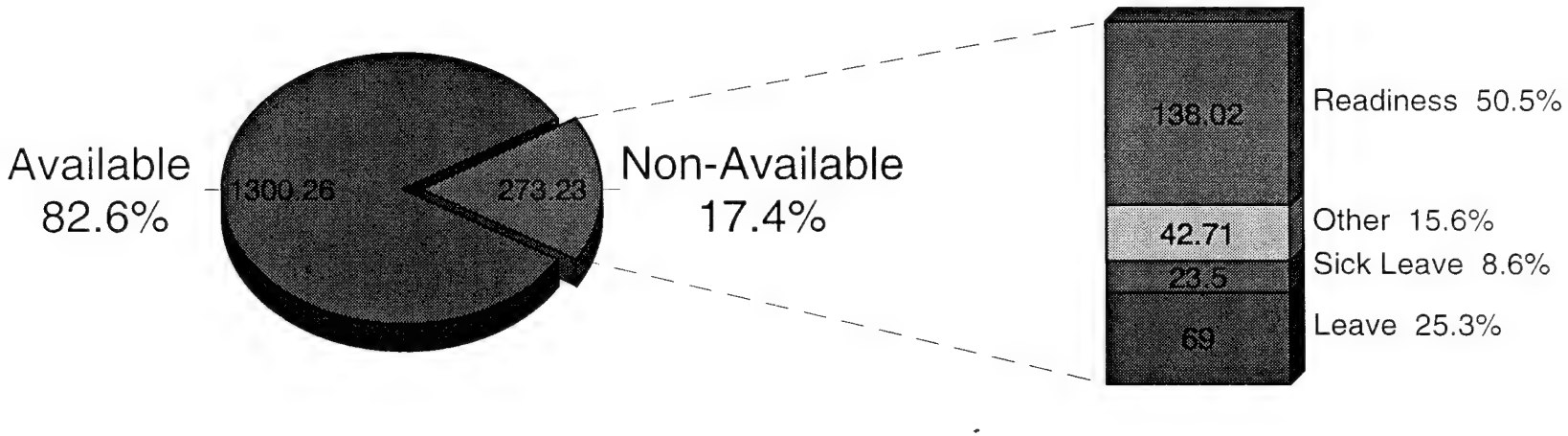
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Para-Professionals, Direct Care: Heidelberg

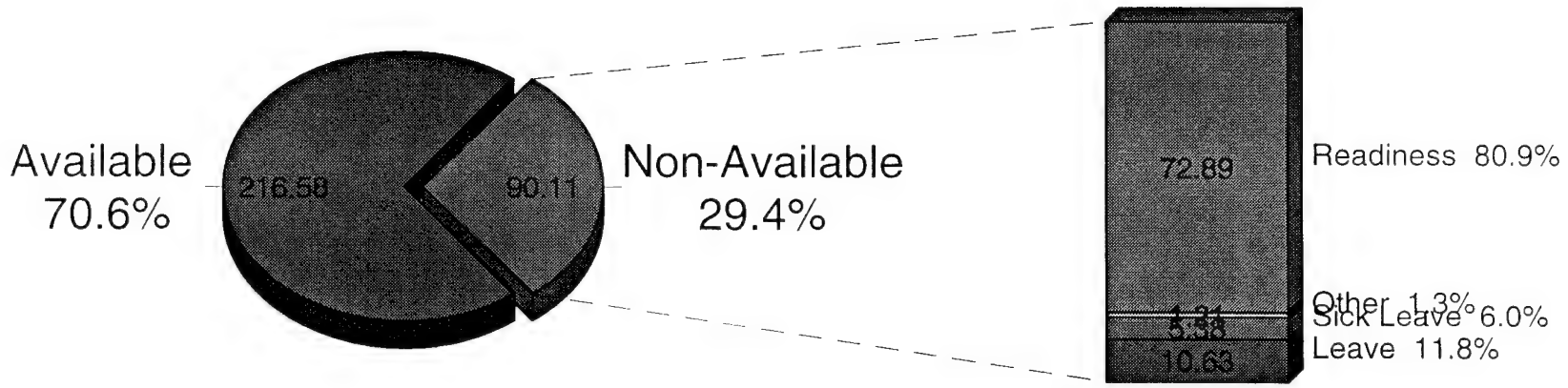
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Admin/Clerical: Heidelberg

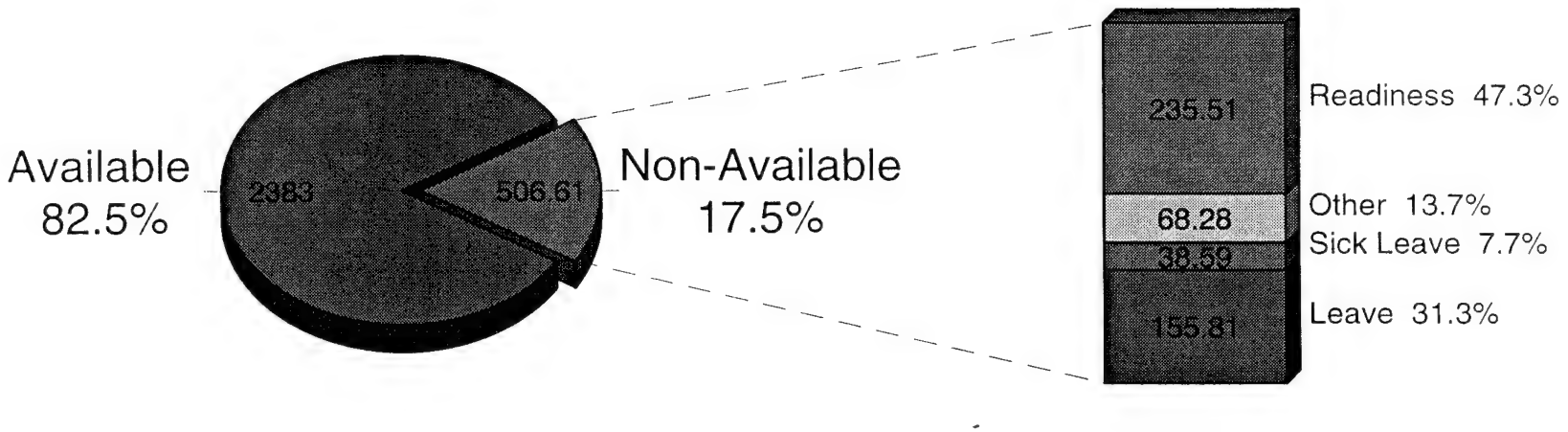
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Total, All Providers: Heidelberg

## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

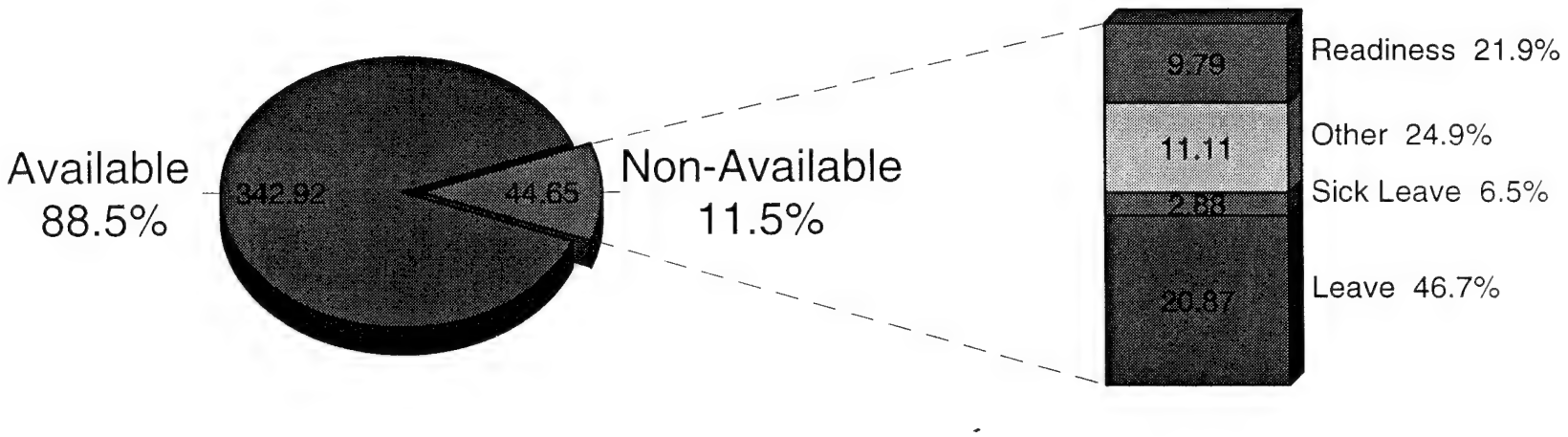
# Clinicians: Landstuhl

## Available vs Non-Available Time in FTEs: March - May 1994


MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Direct Care Professionals: Landstuhl

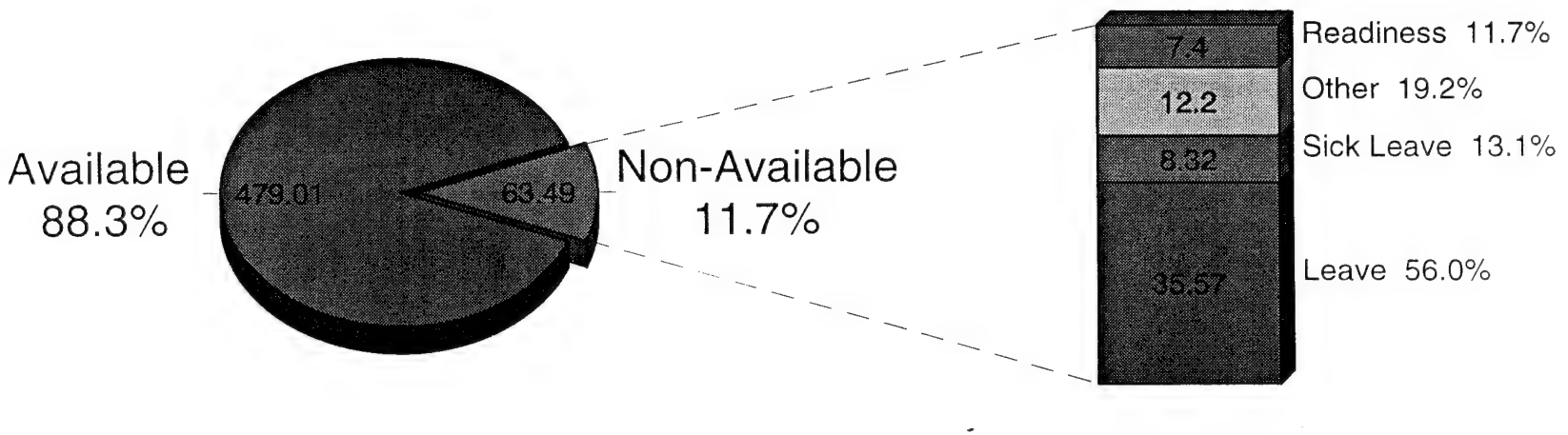
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Registered Nurses: Landstuhl

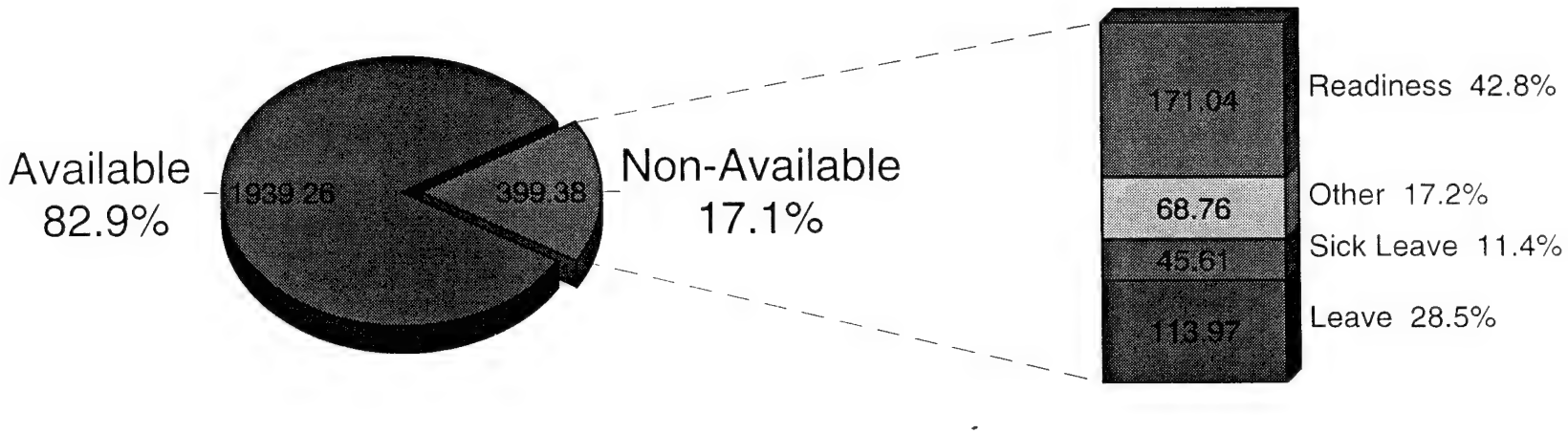
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Para-Professionals, Direct Care: Landstuhl

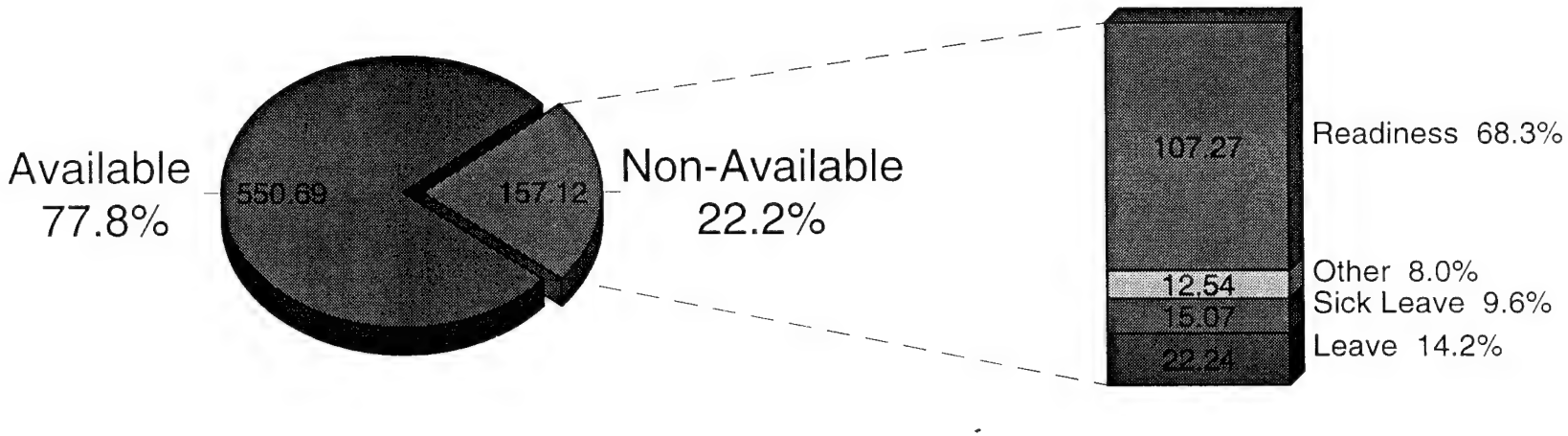
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Admin/Clerical: Landstuhl

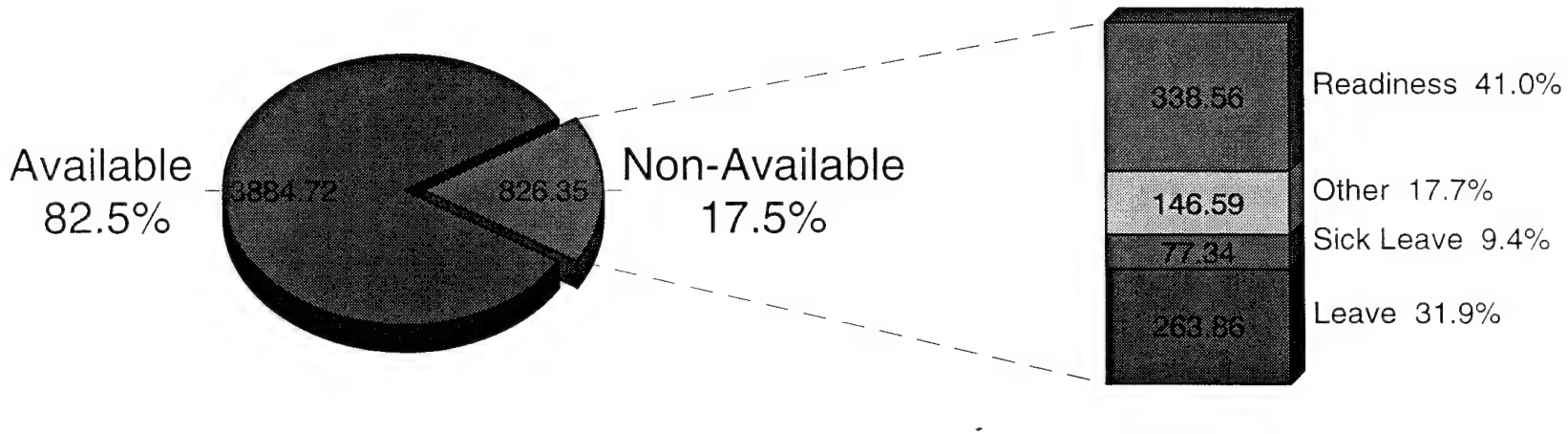
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Total, All Providers: Landstuhl

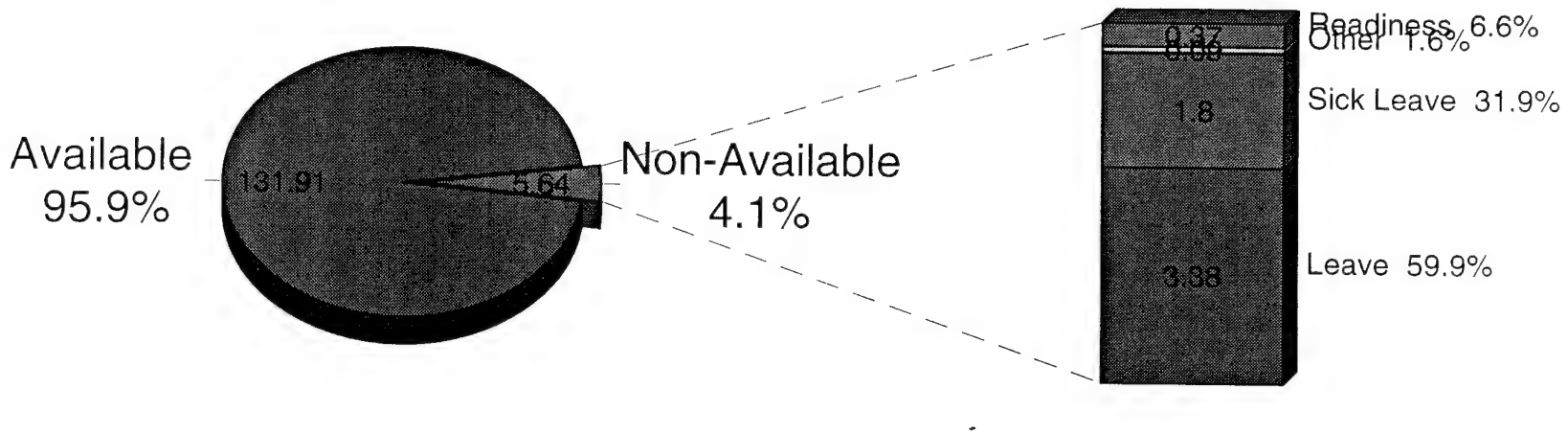
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Direct Care Professionals: Würzburg

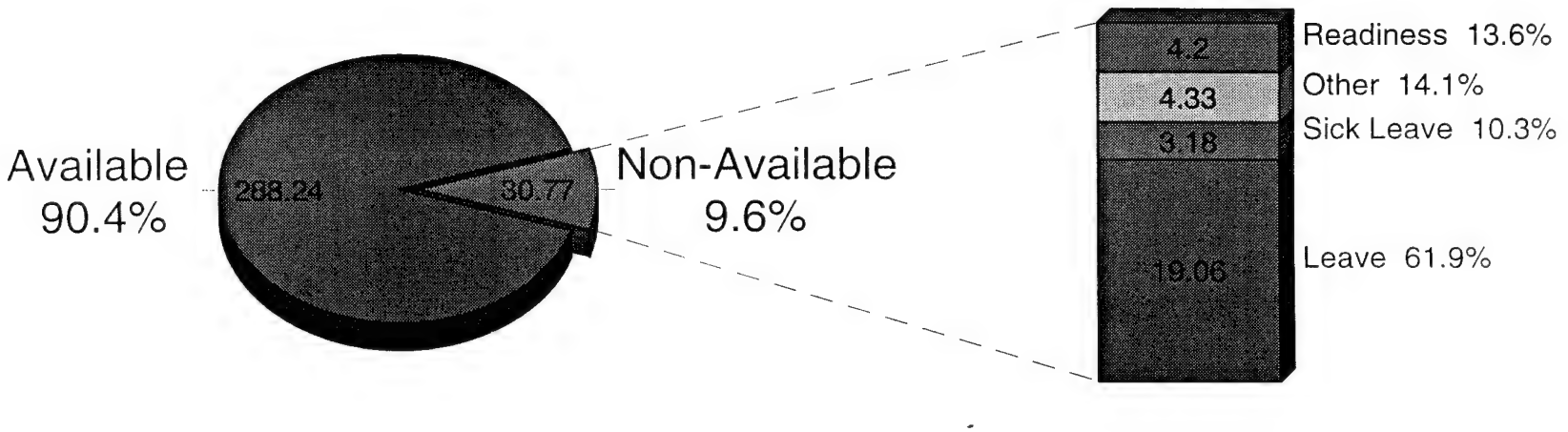
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Registered Nurses: Würzburg

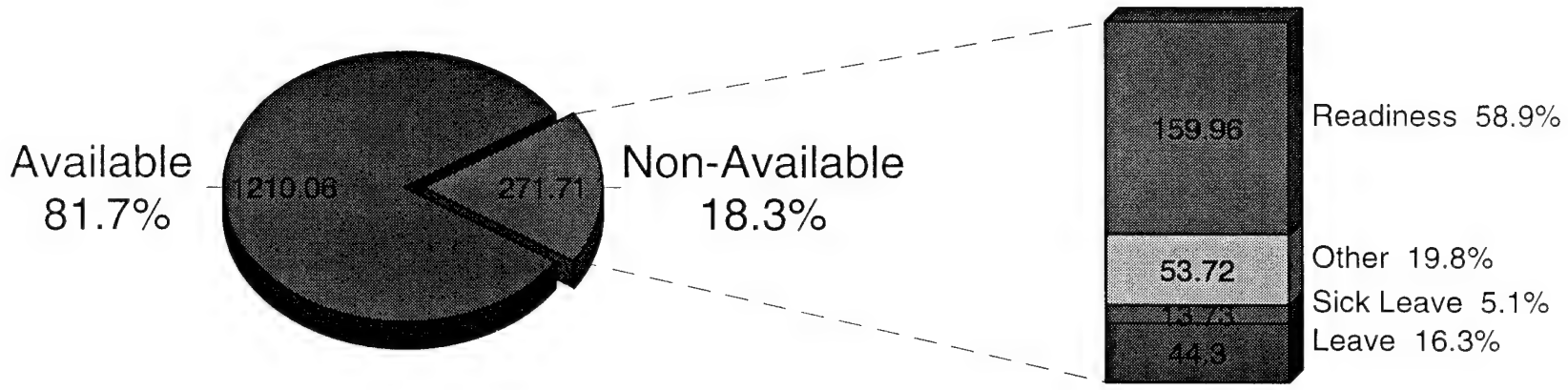
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Para-Professionals, Direct Care: Würzburg

## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

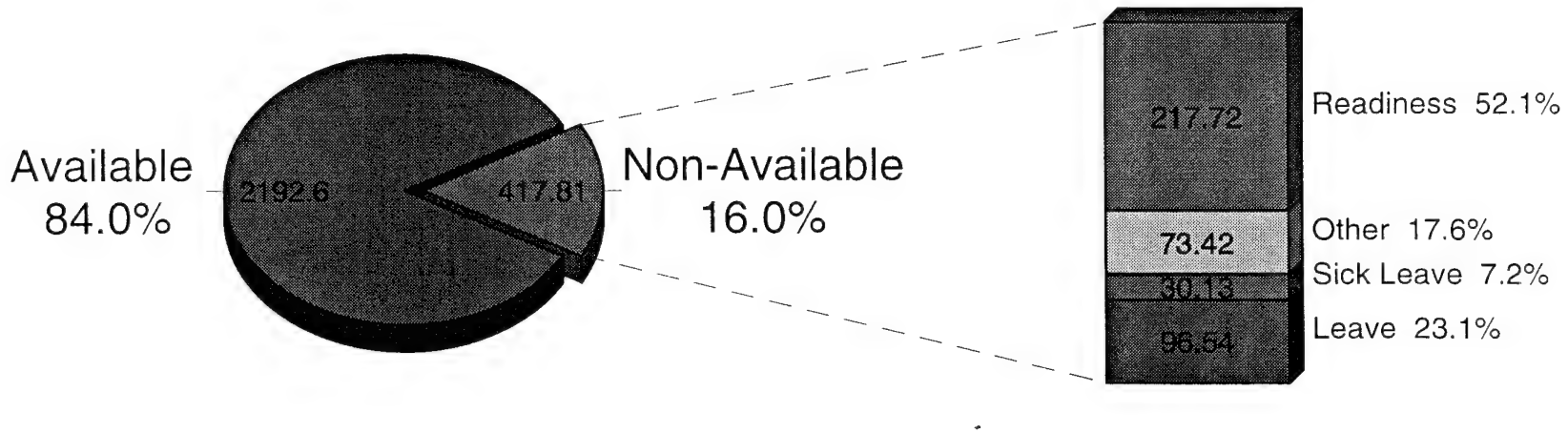
# Admin/Clerical: Würzburg

## Available vs Non-Available Time in FTEs: March - May 1994


MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Total, All Providers: Würzburg

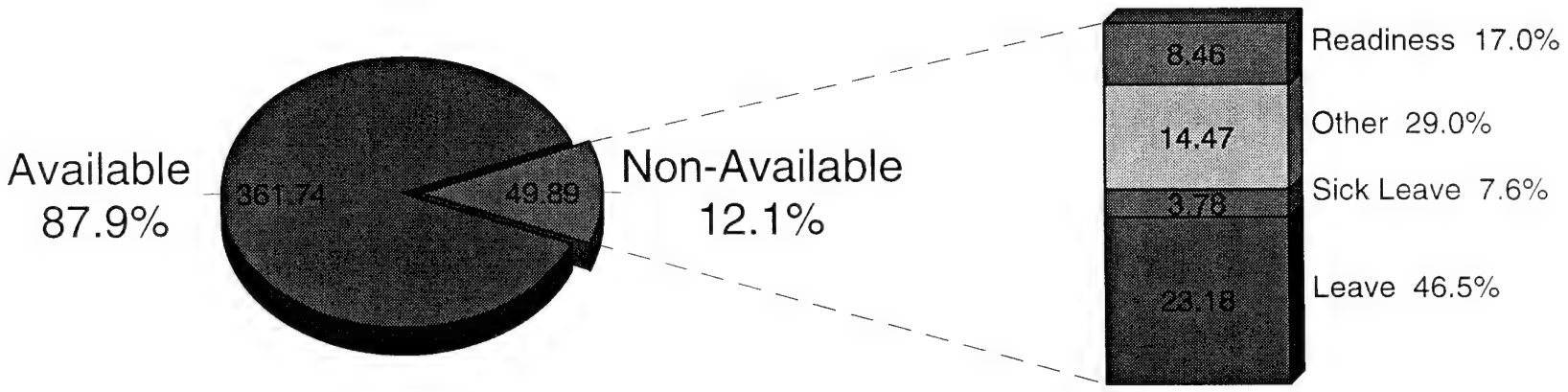
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Clinicians: Würzburg

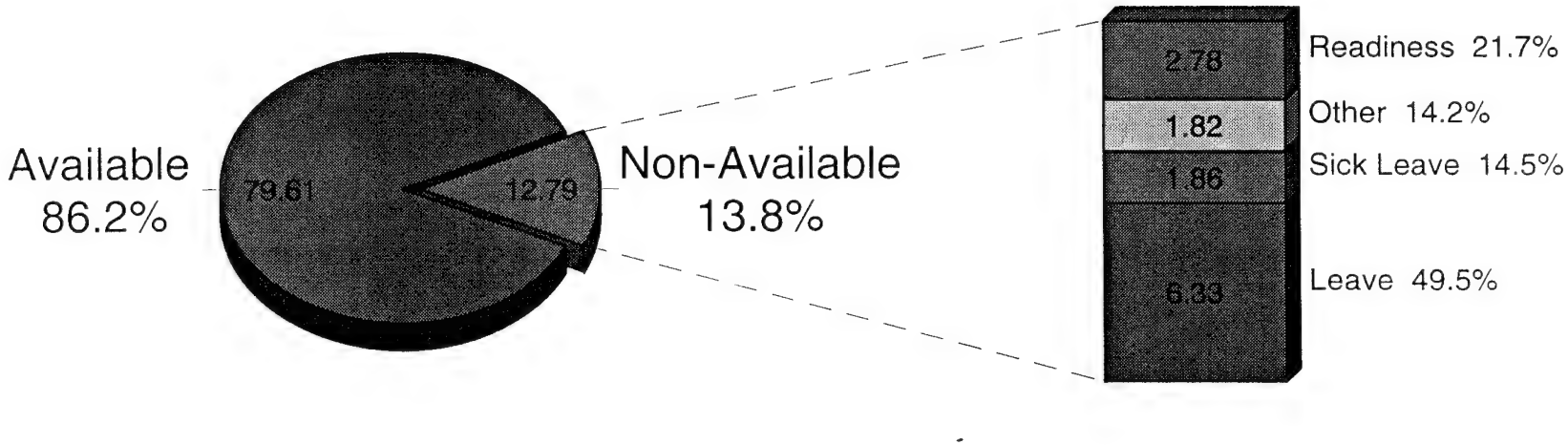
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Clinicians: Vicenza

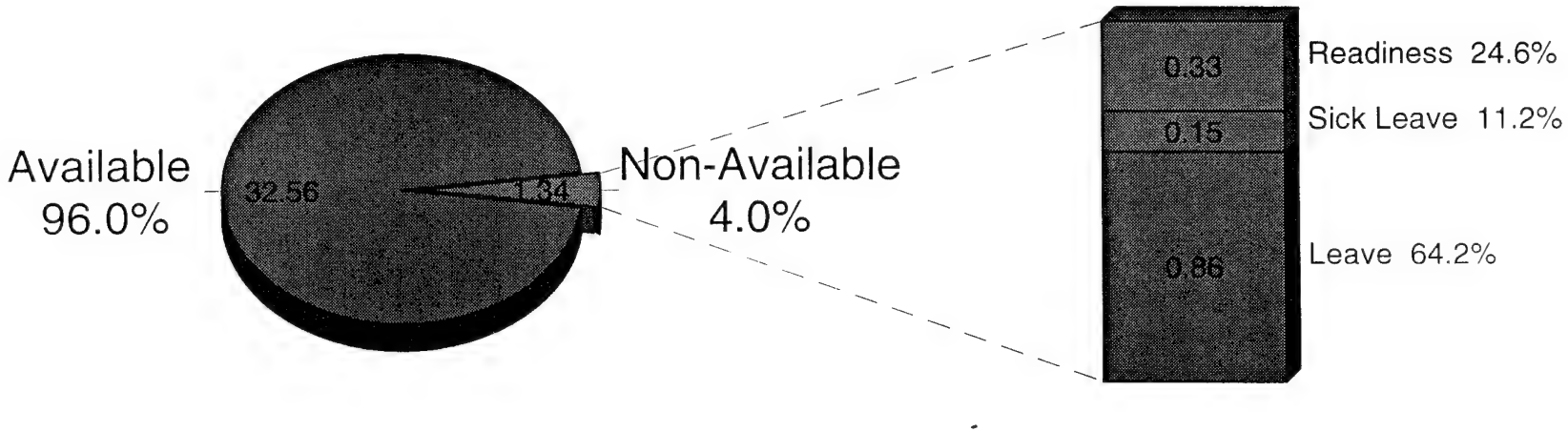
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Direct Care Professionals: Vicenza

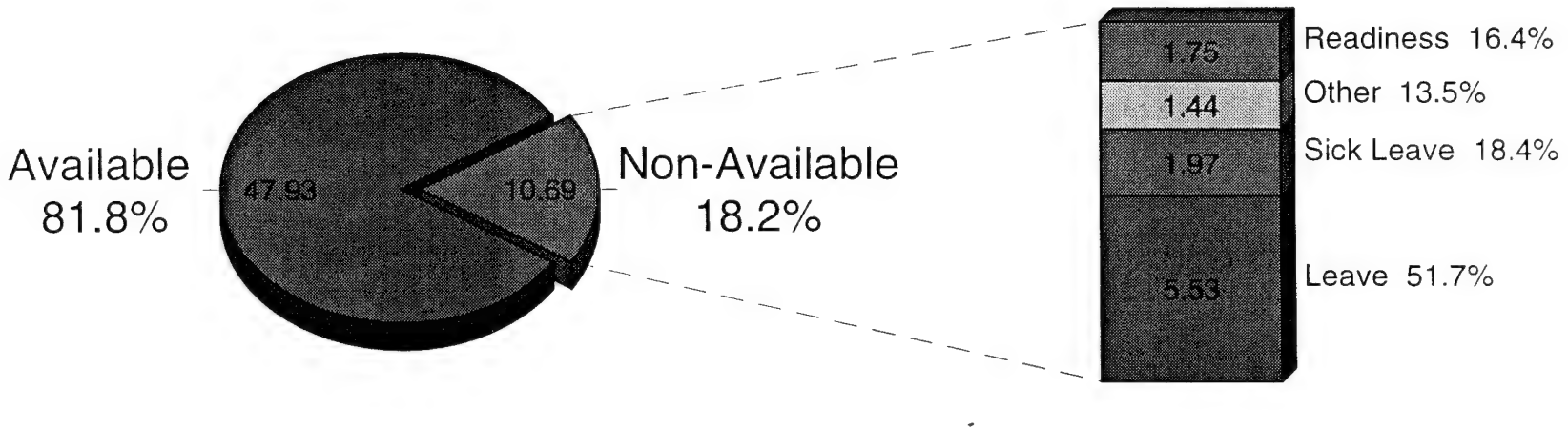
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Registered Nurses: Vicenza

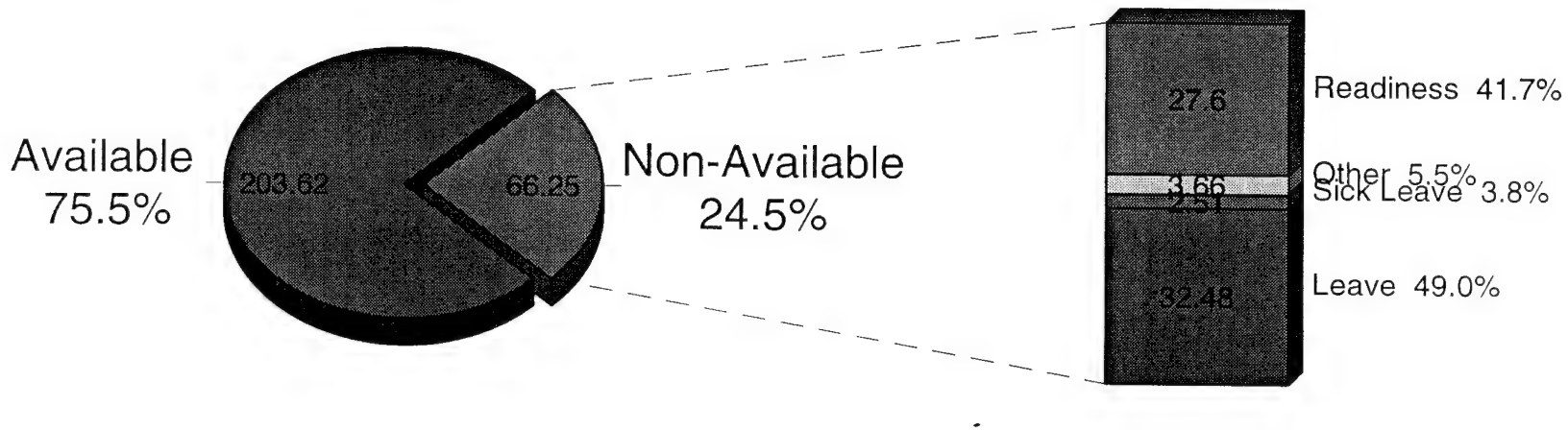
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Para-Professionals, Direct Care: Vicenza

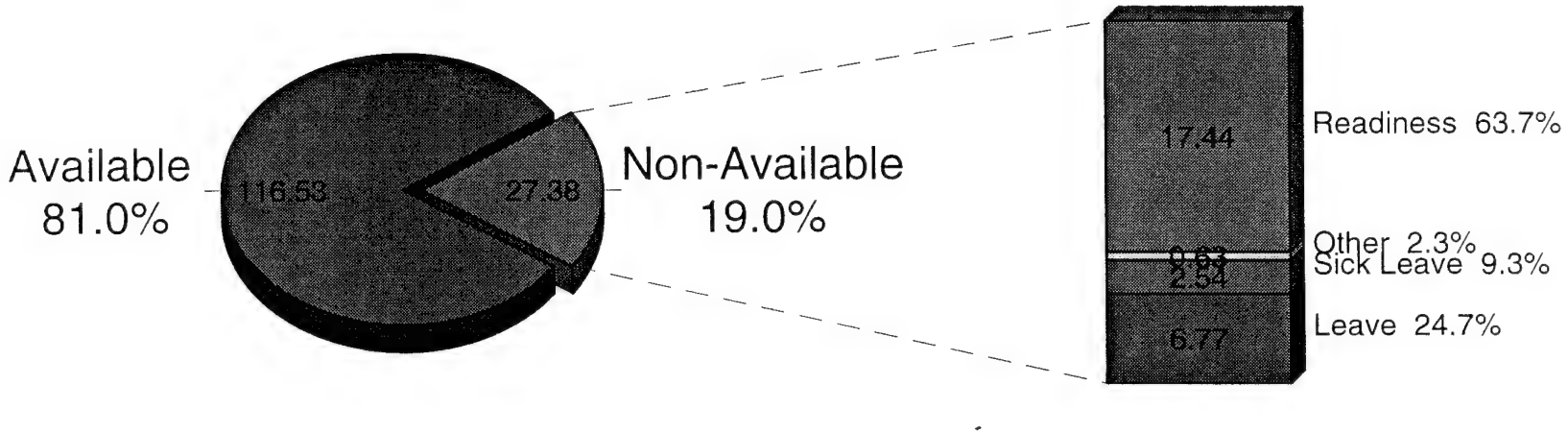
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# Admin/Clerical: Vicenza

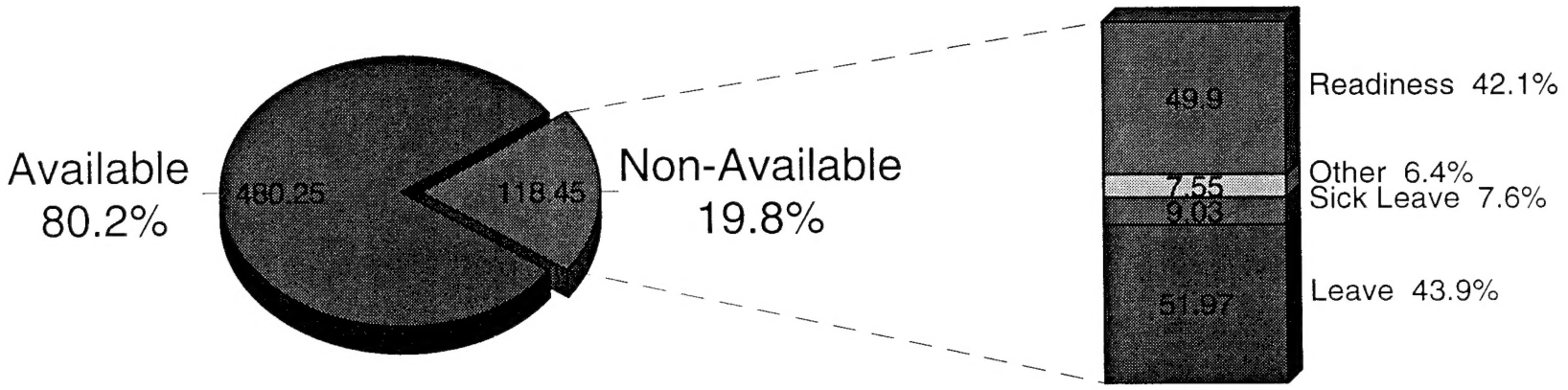
## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

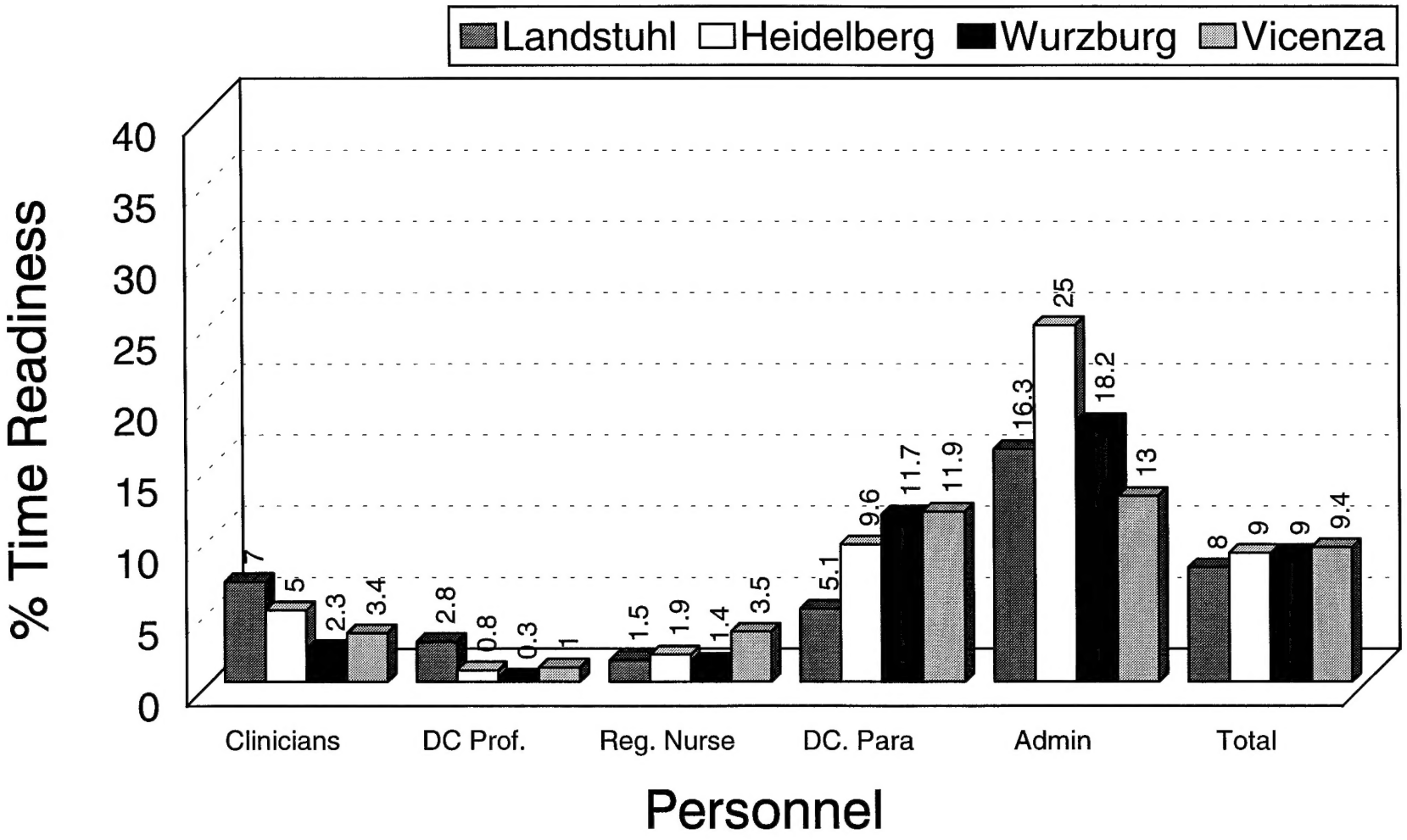
# Total, All Providers: Vicenza

## Available vs Non-Available Time in FTEs: March - May 1994




MEPRS Data, Military Only; 1 FTE = 1 person, full-time for 1 month (168 hours)

# % Time Spent on Readiness by Specialty and Hospital



# %Time Spent on Readiness by Personnel

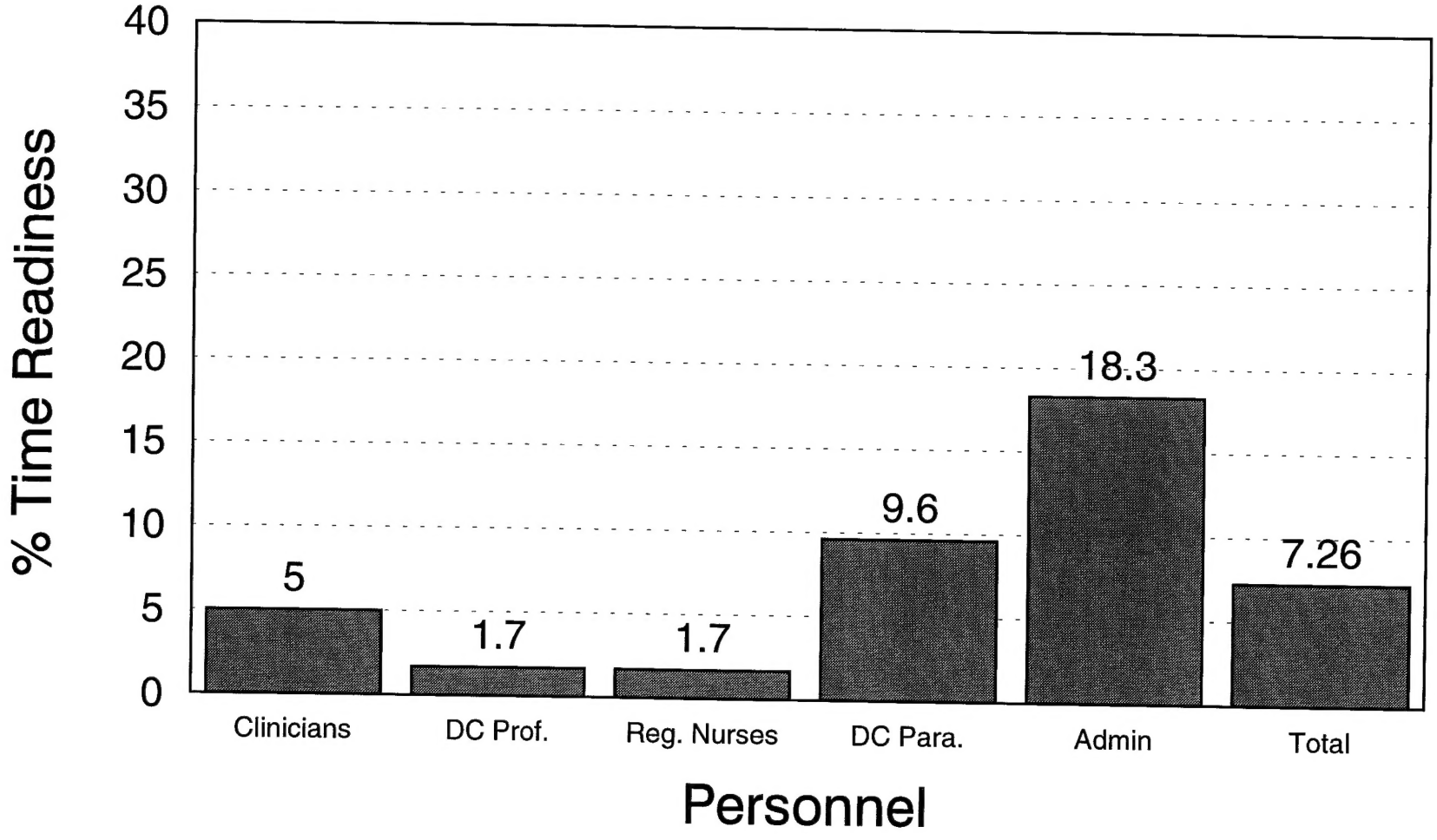


*Table 1*

Percent of time spent on readiness by hospital and personnel

| Personnel | Würzburg | Vicenza | Landstuhl | Heidelberg | Total |
|---|---|---|---|---|---|
| Clinicians | 2.3 | 3.4 | 7.0 | 5.0 | 5.0 |
| DC Prof | .3 | 1.0 | 2.8 | .8 | 1.7 |
| Reg. Nurse | 1.4 | 3.5 | 1.5 | 1.9 | 1.7 |
| DC Para | 11.7 | 11.9 | 5.1 | 9.6 | 9.6 |
| Admin/Cler | 18.2 | 13.0 | 16.3 | 25.0 | 18.3 |
| Total | 9.0 | 9.4 | 8.0 | 9.0 | 8.5 |

Note: Data are for military personnel only from March-April, 1994. "Percent of time spent on readiness" was calculated by dividing readiness FTEs by the sum of total patient FTEs and readiness FTEs.